	988	Form 4
1. COMPANY NAME 2. EPA/STATE HAZARDOUS WASTE SITE IDENTIFICATION NUI	MBER	DATE RECEIVED
LASKAN COPPER WORKS		
3. SITE CONTACT PERSON CONTACT TITLE CONTACT PHONE NUMBER		. ,
TAMES BROWN OPERATIONS M	<u> </u>	
4. SITE LOCATION ADDRESS Street or Description (see instructions) 5. COMPANY MAILING ADDRESS Street or P.O. Box		
2 ΦΦ 6 TH AVE SO PO BOX 3546 City State Zip City State Zip		Init: Date:
EATTLE WA 98124- SEATTLE WA 98134-		Init: Date:
SITE LOCATION COUNTY KING		Verified: Date:
3. WASHINGTON STATE DEPT. OF REVENUE REGISTRATION NUMBER (DO NOT use your Federal Tax Number) 7. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES ON DECEMBER ON DECEMBER ON DECEMBER OF THE Primary Secondary Other	MPLOYMENT BER 31, 1988	Batch No.
578-033-053	204	
REGULATORY STATUS CERTIFICATION REFER TO THE INSTRUCTIONS FOR THIS SECTION AND THE "GUIDE TO ANNUAL REPORTING" WORKBOOK BEFORE COMPLETING THIS SECTION. MARK ONLY ONE THE SPACE PROVIDED. DO NOT COMPLETE PAGE 2 OF THIS REPORTING FORM IF ANY OF THESE CONDITIONS APPLY. IF NONE APPLY, COMPLETE THE ENTIRE FORM A. I.D. NUMBER CANCELLED OR WITHDRAWN—I certify that this site qualifies for this status and that I have read and understand the instructions for this section.	AND SKIP THIS S	NG YOUR INITIALS IN SECTION.
B. EXEMPTIONS—WAC 173-303-017, or WAC 173-303-071, or WAC 173-303-120; or an exemption, variance, or petition pursuant to WAC 173-303-910 has been granted that applies to ALL wastes generated at this site. A WRITTEN, DETAILED EXPLANATION QUOTING WHICH SECTIONS APPLY IS ATTACHED TO THIS REPORT. I understand this does NOT apply to on-site or off-site recycling of wastes, and that recycled wastes and the residues from recycling must be designated and reported.	HAZARDO ATTN. Ani Mail Stop	ENT OF ECOLOGY US WASTE SECTION THE REPORTS R/6 PV-11 WA 98504-8711
C. TRANSPORTER ONLY—This does NOT apply if waste was generated or a spill cleanup occurred at this site.	FOR ASSIST	ANCE CALL:
NO WASTE—I certify that NO WASTE was generated, stored or removed from this site during 1988.	(Seaso	00-874-2022 nai Toll Free Numbèr)
SQG—I certify that this site qualifies as an SQG as outlined in the instructions or in the "Guide to Annual Reporting". I have entered the maximum generated, or accumulated on-site prior to shipment during the year in the space provided. I understand this section applies only if this site generated or accumulated less than the QEL for ALL wastes each and every month of 1988.		es (206) 459-6281
OTHER—You MUST attach a detailed explanation with this form if you are declaring any other reporting exemption, or your form will be rejected.	Postmark	ed No Later Than ICH 1, 1989
O. CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those indi- information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Un- exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) or RCRA. I also certify that I have a program in place to reduce the volume and toxicity of waste economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.	less I am a small quanti	ty generator who has been
JAMES BROWN PRINT OR TYPE NAME JAMES BROWN SIGNATURE (must be in ink) April 1979 Date Signature T/31/89	Pa	ge 1 ofPages

	YOUR EPA/STATE I.D. 40780738	EPA/S	TATE I	ING FACIL D. NUMBER		NAME: ADDRESS: 1500 AIRPORT WAY So. ZEATTLE WA. ZIP: 98/34	13. TRANSPORTER EPA/STATE I.D. NUMBER WAD 0583			500 AIRPORT TTLE WA.	•
4. \L I N E	A. Manifest Document Number	B. Manifest Shipment Date (MM DD YY)	C. S t a t u s	D. Physical State S=Solid L=Liquid G=Sludge M=Compre	0=Organic	F. Waste Description (see instructions)		G. Dangerous Wa: Number (see instructio and WAC 173-3	Designa- tion	I. Amount of Waste	J. W K. EC For TSD 10 Facility GD HE Use Only
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1988 FORM 4 GENERATOR ANNUAL DANGEROUS WASTE REPORT PLEASE PRINT OR TYPE (form designed for use on Elite (12-pitch) typewriter). BLUE OR BLACK INK ONLY	988	Form 4
COMPANY NAME 2. EPA/STATE HAZARDOUS WASTE SITE IDENTIFICATION NUM	MBER	DATE RECEIVED
ALASKAN COPPER WORKS WORKS WAD 98 \$ 738546		
3. SITE CONTACT PERSON CONTACT TITLE CONTACT PHONE NUMBER	,	
JAMES BROWN OPERATIONS M ext.		
4. SITE LOCATION ADDRESS Street or Description (see instructions) 5. COMPANY MAILING ADDRESS Street or P.O. Box		
32 00 6 TH AVE SO PO BOX 3546		
SEATTLE WA 98124 SEATTLE WA 98134		Init: Date: Init: Date:
SITE LOCATION COUNTY KING III		Verified: Date:
6. WASHINGTON STATE DEPT. OF REVENUE REGISTRATION NUMBER (DO NOT use your Federal Tax Number) 7. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES ON DECEMBER ON DECEMBER	MPLOYMENT BER 31, 1988	Batch No.
578-033-053 3498	204	
9. REGULATORY STATUS CERTIFICATION REFER TO THE INSTRUCTIONS FOR THIS SECTION AND THE "GUIDE TO ANNUAL REPORTING" WORKBOOK BEFORE COMPLETING THIS SECTION. MARK ONLY ONE THE SPACE PROVIDED. DO NOT COMPLETE PAGE 2 OF THIS REPORTING FORM IF ANY OF THESE CONDITIONS APPLY. IF NONE APPLY, COMPLETE THE ENTIRE FORM	ENTRY BY PLACIN AND SKIP THIS S	NG YOUR INITIALS IN ECTION.
A. I.D. NUMBER CANCELLED OR WITHDRAWN—I certify that this site qualifies for this status and that I have read and understand the instructions for this section.	SEND TO:	
B. EXEMPTIONS—WAC 173-303-017, or WAC 173-303-071, or WAC 173-303-120; or an exemption, variance, or petition pursuant to WAC 173-303-910 has been granted that applies to ALL wastes generated at this site. A WRITTEN, DETAILED EXPLANATION QUOTING WHICH SECTIONS APPLY IS ATTACHED TO THIS REPORT. I understand this does NOT apply to on-site or off-site recycling of wastes, and that recycled wastes and the residues from recycling must be designated and reported.	HAZARDOI ATTN, Ann Mail Stop	ENT OF ECOLOGY US WASTE SECTION INGLIFICATION INGLIFICATIO
C. TRANSPORTER ONLY—This does NOT apply if waste was generated or a spill cleanup occurred at this site.	FOR ASSISTA	
D. NO WASTE—I certify that NO WASTE was generated, stored or removed from this site during 1988.		00-874-2022 nai Toll Free Number)
E. SQG—I certify that this site qualifies as an SQG as outlined in the instructions or in the "Guide to Annual Reporting". I have entered the maximum generated, or accumulated on-site prior to shipment during the year in the space provided. I understand this section applies only if this site generated or accumulated less than the		es (206) 459-6281
F. OTHER—You MUST attach a detailed explanation with this form if you are declaring any other reporting exemption, or your form will be rejected.		ed No Later Than ICH 1, 1989
10. CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those indinformation, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Unexampled by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) or RCRA. I also certify that I have a program in place to reduce the volume and toxicity of waste	ividuals immediately resiless I am a small quanti	sponsible for obtaining the ity generator who has been
economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. JAMES BROWN PRINT OR TYPE NAME SIGNATURE (must be in ink) AT SIGNED	Pa	ge 1 ofPages

	1988	Form 4	F		GENE	RATOR ANNUAL D	ANGEROUS	S WASTE	REPOR	T	For	m 4	1988
	YOUR EPA/STATE I.D.	EPA/S	STATE I	VING FACILI		NAME: ADDRESS: 1500 AIRPORT	WAY So.	13. TRANSPORTER EPA/STATE I.D. NUMBER		NAME: ADDRES	s: /5	OO AIRPORT	NAY SO.
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14. L I N E	WASTE IDENTIFICATION A. Manifest Document Number	B. Manifest Shipment Date (MM DD YY)	C. Status	D. Physical State S=Solid L=Liquid G=Sludge M=Compre	I=Inorganic	F. Waste Description (s	ee instructions)	eries g	G. Dangerous Numb (see instru and WAC 17	er ctions 73-303)	H. Waste Designa- tion DW or EHW	l. Amount of Waste	J. W K. EC For TSD 10 Facility GD HE T
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1988 FORM 4 GENERATOR ANNUAL DANGE PLEASE PRINT OR TYPE (form designed for use on Elite (12-pitch) typewriter). BLUE OR BLACK INK ONLY	GEROUS WASTE REPORT 1988	Form 4
1. COMPANY NAME	2. EPA/STATE HAZARDOUS WASTE SITE IDENTIFICATION NUMBER	DATE RECEIVED
ALASKAN COPPER WORKS	WAD980738546	
3. SITE CONTACT PERSON CONTACT TITLE	CONTACT PHONE NUMBER	
JAMES BROWN OPERATIONS M	ext.	
4. SITE LOCATION ADDRESS Street or Description (see instructions) 5. CC	OMPANY MAILING ADDRESS Street or P.O. Box	
	PO BOX 3546	
	SEATTLE WA 98/34	Init: Date: Init: Date: Init: Date:
SITE LOCATION COUNTY KING	TANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES 8. SITE EMPLOYMENT	Verified: Date:
6. WASHINGTON STATE DEPT. OF REVENUE REGISTRATION NUMBER 7. ST (DO NOT use your Federal Tax Number)	TANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES 8. SITE EMPLOYMENT ON DECEMBER 31, 1988 3498	occini.
REFER TO THE INSTRUCTIONS FOR THIS SECTION AND THE "GUIDE TO ANNUAL REI THE SPACE PROVIDED. DO NOT COMPLETE PAGE 2 OF THIS REPORTING FORM IF ANY	TATUS CERTIFICATION PORTING" WORKBOOK BEFORE COMPLETING THIS SECTION. MARK ONLY ONE ENTRY BY PLACE Y OF THESE CONDITIONS APPLY. IF NONE APPLY, COMPLETE THE ENTIRE FORM AND SKIP THIS SECTION.	
granted that applies to ALL wastes generated at this site. A WRITTEN, DE	120; or an exemption, variance, or petition pursuant to WAC 173-303-910 has been ETAILED EXPLANATION QUOTING WHICH SECTIONS APPLY IS ATTACHED TO THIS wastes, and that recycled wastes and the residues from recycling must be designated SEND TO: DEPARTM HAZARDO ATTN. An Mail Stop	ENT OF ECOLOGY DUS WASTE SECTION nual Reports R/6 PV-11 WA 98504-8711
C. TRANSPORTER ONLY—This does NOT apply if waste was generated or a spil D. NO WASTE—I certify that NO WASTE was generated, stored or removed from	1-8	ANCE CALL: 00-874-2022 onal Toll Free Number)
	s or in the "Guide to Annual Reporting". I have entered the maximum generated, or ac- inderstand this section applies only if this site generated or accumulated less than the	es (206) 459-6281 TE:
F. OTHER—You MUST attach a detailed explanation with this form if you are dec		ked No Later Than RCH 1, 1989
information, I believe that the submitted information is true, accurate, and complete. I am aware that there are s	2/3	tity generator who has been

	1988	Form 4	4		GENE	RATOR	ANNU	AL I	DANGER	OUS	S WASTE	REPO	RT	Fo	rm 4	į	198	8
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L I N E	WASTE IDENTIFICATION A. Manifest Document Number	B. Manifest Shipment Date (MM DD YY)	C. S t a t u s	G=Sludge	Nature 0=Organic !=Inorganic		Waste De	F scription	: (see instruction	ns)		Danger Nu (see in and WA	G. rous Waste imber structions C 173-303)	H. Waste Designa- tion DW or EHW	I. Amount of Waste		J. W EC FO IO FE GD US	acility
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1988 FORM 4 GENERATOR ANNUAL D. PLEASE PRINT OR TYPE (form designed for use on Elite (12-pitch) typewriter). BLUE OR BLACK INK ON	ANGEROUS WASTE REPORT	1988	Form 4
1. COMPANY NAME	2. EPA/STATE HAZARDOUS WASTE SITE IDENTIFICATION	NUMBER	DATE RECEIVED
ALASKAN COPPER WORKS	WAD980738546		
3. SITE CONTACT PERSON CONTACT TITLE	CONTACT PHONE NUMBER		
JAMES BROWN OPERATIONS	M ext		
4. SITE LOCATION ADDRESS Street or Description (see instructions)	. COMPANY MAILING ADDRESS Street or P.O. Box		
32 ØØ 6TH AVE SO	PO Box 3546		
SEATTLE WA 98124	SEATTLE WA 98/34		nit: Date: nit: Date: nit: Date:
SITE LOCATION COUNTY K N G	. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES 8. SITE		derified: Date:
(DO NOT use your Federal Tax Number) 578 - Ø33 - Ø53		EMBER 31, 1988	
9. REGULATOR REFER TO THE INSTRUCTIONS FOR THIS SECTION AND THE "GUIDE TO ANNUA THE SPACE PROVIDED. DO NOT COMPLETE PAGE 2 OF THIS REPORTING FORM			
A. I.D. NUMBER CANCELLED OR WITHDRAWN—I certify that this site qualification is a site of the control of the co	es for this status and that I have read and understand the instructions for this section.	SEND TO:	
granted that applies to ALL wastes generated at this site. A WRITTE	3-303-120; or an exemption, variance, or petition pursuant to WAC 173-303-910 has EN, DETAILED EXPLANATION QUOTING WHICH SECTIONS APPLY IS ATTACHED TO any of wastes, and that recycled wastes and the residues from recycling must be designed.	THIS HAZARDOUS	11
C. TRANSPORTER ONLY—This does NOT apply if waste was generated o	r a spill cleanup occurred at this site.	FOR ASSISTANC	E CALL: 374-2022
D. NO WASTE—I certify that NO WASTE was generated, stored or remove	d from this site during 1988.	(Seasonal T	oll Free Number) 206) 459-6281
E. SQG—I certify that this site qualifies as an SQG as outlined in the instr cumulated on-site prior to shipment during the year in the space provid QEL for ALL wastes each and every month of 1988.	uctions or in the "Guide to Annual Reporting". I have entered the maximum generated, ed. I understand this section applies only if this site generated or accumulated less the	or ac-	
F. OTHER—You MUST attach a detailed explanation with this form if you a	are declaring any other reporting exemption, or your form will be rejected.		No Later Than I 1, 1989
information, I believe that the submitted information is true, accurate, and complete. I am aware that the	ar with the information submitted in this and all attached documents, and that based on my inquiry of the are are significant penalties for submitting false information, including the possibility of fine and imprisonm tion 3002(b) or RCRA. I also certify that I have a program in place to reduce the volume and toxicity of vailable to me which minimizes the present and future threat to human health and the environment.	ent. Unless I am a small quantity g	enerator who has been
JAMES BROWN James	SIGNATURE (must be in ink) 7/31/89 /DATE SIGNED	Page	ofPages

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	1988	Form	4		GENE	RATOR ANNUA	AL DANGEROU	S WASTE	REPORT	Form 4	1988
_	. YOUR EPA/STATE I.C		EPA/STAT	EIVING FACI	R	NAME: ADDRESS: 1500 AI	IRPORT WAY So.	13. TRANSPORTER EPA/STATE I.D. NUMBE			IRPORT WAY SO.
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14. L I N E	WASTE IDENTIFICATION A. Manifest Document Number	B. Manife Shipme Date (MM DD	nt	S=Solid L=Liquid	Chemical	Waste Desc	F. ription (see instructions)		G. Dangerous Waste Number (see instructions and WAC 173-303)	tion	I. W K. For TSD Facility Use Only
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1988 FORM 4 GENERATOR ANNUAL DANGER PLEASE PRINT OR TYPE (form designed for use on Elite (12-pitch) typewriter). BLUE OR BLACK INK ONLY	OUS WASTE REPORT 1988	Form 4
COMPANY NAME	2. EPA/STATE HAZARDOUS WASTE SITE IDENTIFICATION NUMBER	DATE RECEIVED
ALASKAN COPPER WORKS	WAD 98 0738546	
3. SITE CONTACT PERSON CONTACT TITLE	CONTACT PHONE NUMBER	
JAMES BROWN OPERATIONS M	ext.	
4. SITE LOCATION ADDRESS 5. COMPA	NY MAILING ADDRESS	
	BO X 3 5 4 6 State Zip	Init Date:
SEATTLE WAR 98124 SEA	TTLE WA 98134	Init: Date:
SITE LOCATION COUNTY KING		Verified: Date:
(DO NOT use your Federal Tax Number)	ARD INDUSTRIAL CLASSIFICATION (SIC) CODES 8. SITE EMPLOYMENT ON DECEMBER 31, 19	
578-033-053	498	
REGULATORY STATUS REFER TO THE INSTRUCTIONS FOR THIS SECTION AND THE "GUIDE TO ANNUAL REPORTING THE SPACE PROVIDED. DO NOT COMPLETE PAGE 2 OF THIS REPORTING FORM IF ANY OF THE SPACE PROVIDED. DO NOT COMPLETE PAGE 2 OF THIS REPORTING FORM IF ANY OF THE SPACE PROVIDED. DO NOT COMPLETE PAGE 2 OF THIS REPORTING FORM IF ANY OF THE SPACE PROVIDED THIS REPORTING FORM IF ANY OF THE SPACE PROVIDED THIS REPORTING FORM IF ANY OF THE SPACE PROVIDED THIS REPORTING FORM IF ANY OF THE SPACE PROVIDED THIS REPORTING FORM IF ANY OF THE SPACE PROVIDED THIS REPORTING FORM IF ANY OF THE SPACE PROVIDED THIS REPORTING FORM IF ANY OF THE SPACE PROVIDED THIS REPORTING FORM IF ANY OF THE SPACE PROVIDED THIS REPORTING FORM IF ANY OF THE SPACE PROVIDED THIS REPORTING FORM IF ANY OF THE SPACE PROVIDED THIS REPORTING FORM IF ANY OF THE SPACE PROVIDED THIS REPORTING FORM IF ANY OF THE SPACE PROVIDED THE	HG" WORKBOOK BEFORE COMPLETING THIS SECTION. MARK ONLY ONE ENTRY BY PLEASE CONDITIONS APPLY. IF NONE APPLY, COMPLETE THE ENTIRE FORM AND SKIP THE TUS and that I have read and understand the instructions for this section. SEND 1 DEP.	IS SECTION. TO: ARTMENT OF ECOLOGY
granted that applies to ALL wastes generated at this site. A WRITTEN, DETAILED REPORT. I understand this does NOT apply to on-site or off-site recycling of wastes and reported.	D EXPLANATION QUOTING WHICH SECTIONS APPLY IS ATTACHED TO THIS ATTI	ARDOUS WASTE SECTION N. Annual Reports R/6 Stop PV-11 npia, WA 98504-8711
C. TRANSPORTER ONLY—This does NOT apply if waste was generated or a spill clear	nup occurred at this site.	SSISTANCE CALL: 1-800-874-2022
D. NO WASTE—I certify that NO WASTE was generated, stored or removed from this si	te during 1900.	(Seasonal Toll Free Number)
E. SQG—I certify that this site qualifies as an SQG as outlined in the instructions or in cumulated on-site prior to shipment during the year in the space provided. I understance QEL for ALL wastes each and every month of 1988.	the "Guide to Annual Reporting". I have entered the maximum generated, or acand this section applies only if this site generated or accumulated less than the	DATE: narked No Later Than
F. OTHER—You MUST attach a detailed explanation with this form if you are declaring	any other reporting exemption, or your form will be rejected.	MARCH 1, 1989
10. CERTIFICATION I certify under penalty of law that I have personally examined and am tamiliar with the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) or economically practicable and I have selected the method of treatment, storage, or disposal currently available to me with the contraction of	RCRA. I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the	quantity generator who has bee e degree I have determined to b
JAMES RROWN Jomes C. E.	F (must be in int)	Page 1 ofPages

	1988	Form	4		(GENE	RATO	R ANNU	JAL DA	NGEROL	IS WASTE	REPO	RT	Fo	rm 4		19	988
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14. L I N E	MASTE IDENTIFICATION A. Manifest Document Number	B. Manif Shipm Dat (MM DD	est ent e	tatu	D. Physical State S=Solid L=Liquid G=Sludge M=Compre	=Inorganic	¥	Waste De	F. escription (see i	instructions)		Dangero Nun (see insi and WAC	G. nus Waste nber tructions (173-303)	H. Waste Designa- tion DW or EHW	V	I. mount of Vaste	J. WECIO GD HE	K. For TSD Facility Use Only
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15	COMMENTS (Ent	ter infor	mation	hv	section	and/or	line numbe	r—see instr	uctions)							2		

COMPANY MAME		A FOLLOTATE HAZADBONO MAGTE OFFE INFE	UTIEIOATION NUMBER	DATE RECEIVED
COMPANY NAME	ografia	2. EPA/STATE HAZARDOUS WASTE SITE IDEN		
LASKAN COPPER WORKS		WAD98 Ø 7	38546	
SITE CONTACT PERSON	CONTACT TITLE	CONTACT PHONE N	UMBER ext.	
SITE LOCATION ADDRESS Street or Description (see instructions) 2	Po	ANY MAILING ADDRESS Street or P.O. Box BOX 3546 City State Zip ATTLE WA 98/34	7- T	Init: Date: Init: Date: Init: Date: Verified: Date:
WASHINGTON STATE DEPT. OF REVENUE REGISTR (DO NOT use your Federal Tax Number)	P	ARD INDUSTRIAL CLASSIFICATION (SIC) CODES	S 8. SITE EMPLOYMENT ON DECEMBER 31, 1988	Batch No
THE SPACE PROVIDED. DO NOT COMPLETE PAGE 2 0	F THIS REPORTING FORM IF ANY OF 1	NG" WORKBOOK BEFORE COMPLETING THIS SECTION. THESE CONDITIONS APPLY. IF NONE APPLY, COMPLETE atus and that I have read and understand the instructions for thi	THE ENTIRE FORM AND SKIP THIS	SECTION.
granted that applies to ALL wastes gener	rated at this site. A WRITTEN, DETAILE	or an exemption, variance, or petition pursuant to WAC 173 D EXPLANATION QUOTING WHICH SECTIONS APPLY IS A s, and that recycled wastes and the residues from recycling	3-303-910 has been TTACHED TO THIS must be designated DEPAR HAZARI ATTN. Mail St	TMENT OF ECOLOGY DOUS WASTE SECTION Annual Reports R/6 op PV-11
			Chempie	M/A DOED/-0711
and reported. TRANSPORTER ONLY—This does NOT app			FOR ASSI	a, WA 98504-8711 STANCE CALL: -800-874-2022 asonal Toll Free Number)
and reported. TRANSPORTER ONLY—This does NOT app D. NO WASTE—I certify that NO WASTE was E. SQG—I certify that this site qualifies as an	generated, stored or removed from this s SQG as outlined in the instructions or in the year in the space provided. I understa		m generated, or aculated less than the	STANCE CALL: -800-874-2022 asonal Toll Free Number) imes (206) 459-6281 ATE:
and reported. TRANSPORTER ONLY—This does NOT app NO WASTE—I certify that NO WASTE was SQG—I certify that this site qualifies as an cumulated on-site prior to shipment during QEL for ALL wastes each and every month OTHER—You MUST attach a detailed explain	generated, stored or removed from this so SQG as outlined in the instructions or in the year in the space provided. I understa of 1988.	ite during 1988. the "Guide to Annual Reporting". I have entered the maximu	m generated, or aculated less than the DUE D Postma	STANCE CALL: -800-874-2022 asonal Toll Free Number) imes (206) 459-6281 ATE: arked No Later Tha ARCH 1, 1989

	1988	Form	4		GENE	RATOR ANNU	UAL DANGERO	US WASTE	REPORT	Fo	orm 4	19	98	8
11.	YOUR EPA/STATE I.D.			IVING FACIL	.ITY (TSD)		AIRPORT WAY So.	13. TRANSPORTER EPA/STATE LD. NUMBE	NAME: ADDRE	SS: /	500 AIRPORT V	VAY	50.	
W	AD980738	546 W	ADQ	583	67/5	2 SEATTLE	E WA. ZIP: 98/34	WADØ583	67152		TTLE WA, ZIP:			
L I N E	WASTE IDENTIFICATION A. Manifest Document Number	B. Manifest Shipment Date (MM DD Y)	C. Status	D. Physical State S=Solid L=Liquid G=Sludge M=Compre	Nature 0=0rganic	Waste De	F. escription (see instructions)		G. Dangerous Waste Number (see instructions and WAC 173-303)	H. Waste Designa- tion DW or EHW	I. Amount of Waste	10	For Fac Use	cil
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	YOUR EPA/STATE I.D.	EP/	STATE I	ING FACILI D. NUMBER		ADDRESS: 1500 AIRPORT WAY So.	RANSPORTER NAME: FATE I.D. NUMBER ADDRE		O AIRPORT LE WA.	· ·
	A. Manifest Document Number	B. Manifest Shipment Date	C. Statu	D.	E. Chemical Nature 0=Organic !=Inorganic	F. Waste Description (see instructions)	G. Dangerous Waste Number (see instructions and WAC 173-303)	H. Waste Designa- tion DW or EHW	l. Amount of Waste	J. K. EC For T GD Facil HE
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1988 FORM 4 GENERATOR ANNUAL DANGERO	OUS WASTE REPORT	1988	Form 4						
1. COMPANY NAME	2. EPA/STATE HAZARDOUS WASTE SITE IDENTIF	ICATION NUMBER	DATE RECEIVED						
ALASKAN COPPER WORKS	WAD980738	3546							
3. SITE CONTACT PERSON CONTACT TITLE	CONTACT PHONE NUME	BER							
JAMES BROWN OPERATIONS M		ext.	1 APR 0						
The control of the second terms of the following of the control of	Y MAILING ADDRESS								
	30x 3546								
SEATTLE WA 98124 SEAT	City State Zip TLE WA 98/34		Init: Date:						
SITE LOCATION COUNTY KING			Init: Date: Verified: Date:						
6. WASHINGTON STATE DEPT. OF REVENUE REGISTRATION NUMBER 7. STANDAR (DO NOT use your Federal Tax Number)		B. SITE EMPLOYMENT ON DECEMBER 31, 1988	Batch No.						
578-033-053		204							
REFER TO THE INSTRUCTIONS FOR THIS SECTION AND THE "GUIDE TO ANNUAL REPORTING" THE SPACE PROVIDED. DO NOT COMPLETE PAGE 2 OF THIS REPORTING FORM IF ANY OF THE	REGULATORY STATUS CERTIFICATION ER TO THE INSTRUCTIONS FOR THIS SECTION AND THE "GUIDE TO ANNUAL REPORTING" WORKBOOK BEFORE COMPLETING THIS SECTION. MARK ONLY ONE ENTRY BY PL SPACE PROVIDED. DO NOT COMPLETE PAGE 2 OF THIS REPORTING FORM IF ANY OF THESE CONDITIONS APPLY. IF NONE APPLY, COMPLETE THE ENTIRE FORM AND SKIP TH I.D. NUMBER CANCELLED OR WITHDRAWN—I certify that this site qualifies for this status and that I have read and understand the instructions for this section.								
B. EXEMPTIONS—WAC 173-303-017, or WAC 173-303-071, or WAC 173-303-120; or an granted that applies to ALL wastes generated at this site. A WRITTEN, DETAILED E	173-303-120; or an exemption, variance, or petition pursuant to WAC 173-303-910 has been TTEN, DETAILED EXPLANATION QUOTING WHICH SECTIONS APPLY IS ATTACHED TO THIS yoling of wastes, and that recycled wastes and the residues from recycling must be designated								
C. TRANSPORTER ONLY—This does NOT apply if waste was generated or a spill cleanup	occurred at this site.		TANCE CALL: 000-874-2022						
D. NO WASTE—I certify that NO WASTE was generated, stored or removed from this site of	during 1988.		onal Toll Free Number) es (206) 459-6281						
E. SQG—I certify that this site qualifies as an SQG as outlined in the instructions or in the cumulated on site prior to shipment during the year in the space provided. I understand QEL for ALL wastes each and every month of 1988.		d less than the DUE DA	161						
F. OTHER—You MUST attach a detailed explanation with this form if you are declaring any	other reporting exemption, or your form will be rejected.		RCH 1, 1989						
10. CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the informatio information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant peexempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) or RCR economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which	malties for submitting false information, including the possibility of fine and it IA. I also certify that I have a program in place to reduce the volume and t	mprisonment. Unless I am a small quant oxicity of waste generated to the degr	tity generator who has been						
JAMES BROWN PRINT OR TYPE NAME SIGNATURE (IT	nust be in ink) 7/31/89 DATE SIGNE	Pa	age 1 ofPages						

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